PART B - FEE(S) TRANSMITTAL

Complete and send this form, together will pplicable fee(s), to: Mail

Mail Stop ISSU Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450



or Fax

(703) 746-4000

INSTRUCTIONS: This for appropriate. All further corn indicated unless corrected b maintenance fee notification.	clow or directed otherwise	smitting the ISSU Patent, advance ordin Block 1, by (a)	E FEE and ders and notion of the specifying of the specific of the s	PUBLIC ification a new co	CATION FEE (if required of maintenance fees orrespondence address	uired). Blocks 1 through 5 s will be mailed to the current s; and/or (b) indicating a sepa	hould be completed where correspondence address as arate "FEE ADDRESS" for	
CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)					Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must			
FITZPATRICK CELLA HARPER & SCINTO 30 ROCKEFELLER PLAZA NEW YORK, NY 10112 02/02/2005 MBEYENE2 00000149 10600766				OFFICE VOL	have its own certificate of mailing or transmission. Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (703) 746-4000, on the date indicated below.			
01 FC:4501	1400.00 OP	OP CON THE PARTY OF THE PARTY O		9			(Depositor's name)	
02 FC:1504 03 FC:8001	C:1504 300.00 0P C:8001 15.00 0P		Ze - DEMARK			· · · · · · · · · · · · · · · · · · ·	(Signature)	
03 FU:0001	13.00 UP	UP CRAC			<u></u>		(Date)	
APPLICATION NO.	FILING DATE	FIRST NAMED INVE			TOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.	
10/600,766	06/23/2003	Yosuke Morimo)	02975.000079	5715	
TITLE OF INVENTION: PO	OSITION DETECTING API	PARATUS, AND (OPTICAL AI	PPARAT	TUS COMPRISING T	HIS AND POSITION DETEC ,	CTING METHOD	
APPLN. TYPE	SMALL ENTITY	ISSUE FE	ISSUE FEE		IBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	NO		\$9 370 \$1400.0		\$300	\$1670	02/10/2005	
EXAMINER		ART UNIT		_	ASS-SUBCLASS]		
LEDYNH	2862	2862 324		324-207120				
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02. or more recent) attached. Use of a Customer Number is required.			2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. Fitzpatrick, Cella 2Harper & Scinto. 3					
3. ASSIGNEE NAME AND	RESIDENCE DATA TO B	E PRINTED ON T	HE PATEN	(print c	or type)			
PLEASE NOTE: Unless recordation as set forth in	an assignee is identified be 37 CFR 3.11. Completion	low, no assignee of this form is NOT	data will app a substitute	ear on the for filing	he patent. If an assig g an assignment.	nee is identified below, the o	document has been filed for	
(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)								
Canon Kabushiki Kaisha Tokyo, Japan								
Please check the appropriate	assignee category or categor	ries (will not be pri	nted on the p	atent):	☐ Individual	Corporation or other private gr	oup entity Government	
4a. The following fee(s) are o	enclosed:		. Payment of					
					nount of the fee(s) is e		•	
					Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to			
Advance Order - # 01	Copies		Deposit Acc	ount Nu	mber $06-120$	5 (enclose an extra c	credit any overpayment, to copy of this form).	
	from status indicated above AALL ENTITY status. See	•	b. Applic	ant is no	longer claiming SMA	ALL ENTITY status. See 37 C	FR 1.27(g)(2).	
	s requested to apply the Issublication Fee (if required) v	e Fee and Publicat	ion Fee (if ar			sly paid issue fee to the applications of the application of the appli		
Authorized Signature	Willal &	Thu			Date /	in 31,2005		
Typed or printed name Michael K. O'Neill					Registration	n No. <u>32,622</u>		
This collection of information an application. Confidentiality	n is required by 37 CFR 1.3 by is governed by 35 U.S.C.	11. The information 122 and 37 CFR I	n is required	to obtain lection i	or retain a benefit by s estimated to take 12	the public which is to file (an minutes to complete, including	d by the USPTO to process) ng gathering, preparing, and	

submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.